



COMMUNITY COLLEGE INITIATIVES PROGRAM STUDENT APPLICATION

Completed application forms can be sent electronically to HavanaBecas@state.gov or can be dropped off at the Consular entrance of the U.S. Interests Section on Calzada, between L and M streets in Vedado, on **Wednesdays from 12:30 to 2:30 PM** and on **Fridays between 12:30 and 4:00 PM**. The **deadline** for applying is **December 31, 2008**.

Personal Information

☐ Male

☐ Female

Name

LAST NAMES

FIRST

MIDDLE

Home Address (Street and number; city, state/province, postal code)

Home Phone

Cellular Phone (if available)

E-mail (if available)

Place of birth (city or town and country)

Date of birth (month/day/year)

Country of citizenship	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married																				
Do you have a passport? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you currently a student? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, name of educational institution: _____																				
What is the highest educational level you have completed? How many years of education/training?																					
I am interested in (check <u>one</u>): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Agriculture <input type="checkbox"/> Business Management and Administration <input type="checkbox"/> Information Technology </div> <div> <input type="checkbox"/> Media </div> </div>																					
Knowledge of languages: Starting with English, rate yourself: Excellent, Good, Fair, or Poor. Include all languages that you speak or have studied. Include Spanish also.																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 20%;">Language</th> <th style="width: 20%;">Reading</th> <th style="width: 20%;">Writing</th> <th style="width: 20%;">Speaking</th> <th style="width: 20%;">Listening</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		Language	Reading	Writing	Speaking	Listening															
Language	Reading	Writing	Speaking	Listening																	
English language proficiency (<u>If</u> you have taken any standard test of English language proficiency, please provide copy of the test results. Test Taken: _____ Date Taken: _____ Results: (Please attach copy)																					

Background Information

Educational Institutions attended: (If available, please include a translated copy of your records for any institution from which you received a certificate, diploma or degree).

Name of Institution and Location	Major Field of Study	Dates (Month and year) From To		Name of Certificate, Diploma or Degree (Do not translate)	Date Received

Work Experience: List positions held, begin with most recent employment.

Name and address of employer	Position held	From:	To:	Responsibilities

Foreign Travel: If you have traveled or lived outside of Cuba, please list country, dates and reasons.

Country	Dates	Purpose

Emergency Contact: Provide the name, address and telephone number (s) of individuals to be notified in case of emergency.

In your country	In the United States	Close relatives or friends in the United States (name, address, and relationship)

Essays

1- Please describe why you are a good candidate for the program. What do you hope to learn? How would this program fit with your past education and training? How would it fit with your goals?

2- Please describe one situation from your school, work, or personal life when you faced a challenge or a problem. How did you resolve it?

3- Why would you be a good representative of your country? What would you like to share about your culture?

4- If you go to the U.S. on this program how do you think your life will be different in 5 years?

COMMUNITY COLLEGE SUMMIT INITIATIVE PROGRAM APPLICATION CERTIFICATION STATEMENT

CERTIFICATION: I certify that I completed this application myself, without aid or assistance, that the information given in this application is complete and accurate, and that I have carefully read and understand it.

I understand that program administrators reserve the right to verify all the information included in the application. I understand that giving false or misleading information in the application will eliminate me from the competition or cause my dismissal from the Community College Summit Initiative Program exchange.

Also, I acknowledge that I am aware of the following requirements that I must observe if I am selected for the program:

- I must follow all program rules and regulations and observe all the laws of the United States during my stay there.
- At the end of the year program, I will return to my home country. I understand that I may not extend my stay in the United States.

Signature of applicant

Date